



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1136116  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1136116

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED OIL & GAS SERVICES, LLC 059794

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999  
SOUTHLAKE, TEXAS 76092

SERVICE POINT:  
Medicine Lodge KS

DATE <u>04/06/13</u>	SEC <u>8</u>	TWP <u>34S</u>	RANGE <u>14W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:10AM</u>
LEASE <u>Z-Bar</u>	WELL# <u>8-1</u>	LOCATION <u>Deerhead/Acton Rd, Cottage Creek, Northst</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		Telephone Pole, 1 North, East First Compressor, North at T, North on old location at top of hill					

CONTRACTOR Hardy I OWNER M+M Exploration

TYPE OF JOB Surface  
 HOLE SIZE 17 1/2 T.D.  
 CASING SIZE 12 3/8 DEPTH 298  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX 250 MINIMUM  
 MEAS. LINE SHOE JOINT  
 CEMENT LEFT IN CSG. 15ft  
 PERFS.  
 DISPLACEMENT 45 1/2 BBL Fresh H<sub>2</sub>O

CEMENT  
 AMOUNT ORDERED 150sx 65:35:6% Gel + 3%cc + 1/4" Floeal, 100 sx Class A + 3%cc 2% Gel

**EQUIPMENT**

PUMP TRUCK CEMENTER Jason Thinesch  
 # 558/555 HELPER Scott Priddy  
 BULK TRUCK  
 # 56/557 DRIVER Jacke Heard  
 BULK TRUCK  
 # DRIVER

COMMON <u>Class A</u>	<u>100sx @ 17.90</u>	<u>1790</u>
POZMIX	@	
GEL	<u>2sx @ 23.40</u>	<u>46.80</u>
CHLORIDE	<u>97sx @ 64</u>	<u>576</u>
ASC	@	
<u>Allied Light Weight</u>	<u>150sx @ 16.50</u>	<u>2475</u>
<u>Floeal</u>	<u>77sx @ 2.97</u>	<u>189.89</u>
	@	
	@	
	@	
	@	
HANDLING	<u>280.62 @ 2.48</u>	<u>695.93</u>
MILEAGE	<u>7.13mi x 2.5mi x 2.260</u>	<u>463.45</u>
<b>TOTAL</b>		<b><u>6157.07</u></b>

REMARKS:  
Did cure cement

**SERVICE**

DEPTH OF JOB <u>298</u>	
PUMP TRUCK CHARGE	<u>1512.70</u>
EXTRA FOOTAGE	@
MILEAGE	<u>2.5mi @ 7.70</u> <u>192.50</u>
MANIFOLD	@
LV	<u>25mi @ 4.40</u> <u>110</u>
	@
<b>TOTAL</b> <u>1815.20</u>	

CHARGE TO: M+M Exploration  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

	@	
	@	
<u>None</u>	@	
	@	
	@	
<b>TOTAL</b>		

To: Allied Oil & Gas Services, LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 7972.27  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS  
 Net 5979.20

PRINTED NAME \_\_\_\_\_  
 SIGNATURE Scott Priddy





**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61  
P.O. Box 8613  
Pratt, Kansas 67124  
Phone 620-672-1201

FIELD SERVICE TICKET

1718 06932 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>4-13-13</u> DISTRICT <u>Pratt</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER <u>M &amp; M EXPLORATION</u>		LEASE <u>Z-Bar</u>		8-1 WELL NO.					
ADDRESS		COUNTY <u>BARBER</u>		STATE <u>KS</u>					
CITY STATE		SERVICE CREW <u>MIKE JOE ROBERT</u>							
AUTHORIZED BY		JOB TYPE: <u>LOW 5 1/2 LS</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>33708-20926</u>	<u>45</u>	<u>19826-19860</u>	<u>45</u>				<u>4-13-13</u>	<u>PM</u>	<u>12</u>
<u>37900</u>						ARRIVED AT JOB	<u>4-13-13</u>	<u>AM</u>	<u>6:30</u>
						START OPERATION	<u>4-13-13</u>	<u>PM</u>	<u>9:30</u>
						FINISH OPERATION	<u>4-13-13</u>	<u>AM</u>	<u>10:15</u>
						RELEASED	<u>4-13-13</u>	<u>AM</u>	<u>10:45</u>
						MILES FROM STATION TO WELL			<u>65</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: [Signature]  
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 Cement	SK	200		3,400 00
CP 105	AA-2 Cement	SK	30		510 00
CL 102	celloflake	lb	58		214 60
CC 111	SALT	lb	1255		627 50
CC 113	Gypsum	lb	1085		813 75
CC 129	FLA-322 Low Fluid Loss	lb	174		1,305 00
CC 201	Gilsonite	lb	1380		924 60
CF 607	Latch Down Plug & Baffle	eg	1		400 00
CF 1251	Auto Fill shoe	eg	1		360 00
CF 1651	Turbolizer	eg	8		880 00
CF 1901	BASKET	eg	1		290 00
C 704	Chay max	gpl	5		175 00
F 100	Pick up Mileage	mi	65		276 25
F 101	Heavy Mileage	mi	130		910 00
F 705	Bulk Delivery	TM	705		1,128 40
CE 206	Depth Charge	4hr	1		2,880 00
CE 240	Mixing Charge	SK	230		322 00
CE 504	Plug Container	JOB	1		250 00
S 003	Supervisor	eg	1		175 00

SUB TOTAL DLS 9,901 31

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		<u>Thank you</u>

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]  
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO. \_\_\_\_\_



Customer <i>M-M-EXPLORATION</i>	Lease No.	Date <i>04-13-13</i>			
Lease <i>Z-BAR</i>	Well # <i>8-1</i>				
Field Order # <i>6492</i>	Station <i>PRATT</i>	Casing <i>3 1/2</i>	Depth <i>5160'</i>	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>CNW 5 1/2 Long Stig</i>	Formation	Legal Description <i>8-34-14</i>			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>3 1/2</i>								5 Min.
Depth <i>5160</i>	Depth	From	To	Pre Pad	Max			
								10 Min.
Volume <i>122</i>	Volume	From	To	Pad	Min			
Max Press <i>1500</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <i>3140'</i>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Silliman</i>
Service Units <i>37900 33708 20920 19826 19860</i>		
Driver Names <i>Sullivan melsod Lawrence</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>6:15</i>					<i>on loc softy meeting</i>
					<i>run 123 sts 5 1/2 15.5 csg</i>
					<i>circ. 1/2 way 15 min</i>
<i>8:40</i>					<i>CASING ON BOTTOM</i>
<i>8:45</i>					<i>Hook' Pig circ</i>
<i>9:30</i>	<i>200</i>		<i>6</i>	<i>3</i>	<i>Plug RAT 1/4"</i>
			<i>55</i>	<i>5</i>	<i>Mix cmt 200 sk AA-2 cmt</i>
					<i>cmt mixed shut down WASH LING, Plug-</i>
					<i>Release Plug</i>
				<i>6</i>	<i>SA Disp</i>
	<i>350</i>		<i>68</i>		<i>lift AS</i>
	<i>1200</i>		<i>110</i>	<i>4</i>	<i>Slow Rate</i>
<i>10:15</i>	<i>7000</i>		<i>122</i>		<i>Plug down</i>
					<i>Float Hold</i>
					<i>JOB Complete</i>
					<i>THANK YOU</i>
					<i>About 500 miles</i>

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

July 19, 2013

Michael Austin  
M & M Exploration, Inc.  
4257 MAIN ST., #230  
WESTMINSTER, CO 80031

Re: ACO1  
API 15-007-23999-00-00  
Z Bar 8-1  
NE/4 Sec.08-34S-14W  
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Michael Austin